

STATEMENT OF ECONOMIC INTERESTS
A Public Document

Date Received
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NAME (LAST) <u>Howard</u>	(FIRST) <u>Emily</u>	DAYTIME TELEPHONE NUMBER <u>(209) 349-2476</u>
MAILING ADDRESS (May be business address) <u>852 Alder Pl. Lodi</u>	CITY <u>CA. 95242</u>	OPTIONAL FAX / E-MAIL ADDRESS <u>CITY CLERK</u>

COVER PAGE

1. Office, Agency, or Court

Provide precise name. Do not use acronyms.

Lodi City Council
Division, Board, District, if applicable:
City Council Member
Position: _____

➔ Expanded Statement – List agency/position:
(Attach a separate sheet if necessary. Do not use acronyms.)

Agency: _____

Position Title: _____

2. Office Jurisdiction (Check one)

- ☐ State
☐ County of _____
☒ City of Lodi
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ Assuming Office/Initial Date: 12/6/00
☐ Annual
(Check one)
☐ The period covered is January 1, 1999, through December 31, 1999.
☐ The period covered is ____/____/____, through December 31, 1999.
☐ Leaving Office Date Left: ____/____/____
(Check one)
☐ The period covered is January 1, 1999, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☒ Yes – schedule attached
Income – Loans

Schedule E ☐ Yes – schedule attached
Income – Gifts

Schedule F ☐ Yes – schedule attached
Income – Travel Payments

➔ ☐ No reportable interests

Total number of pages (including this cover page): 4

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 5, 2001
(month/day, year)

SIGNATURE Emily A Howard
(File the originally signed statement with your filing officer.)

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

CALIFORNIA
1999/2000 FORM **700**
FAIR POLITICAL PRACTICES COMM.Name

NAME OF BUSINESS ENTITY

Chertron

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☒ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Union Carbide

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Praxair

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Vanguard / LORD Abbett & Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Bond

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☒ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☐ Stock☐ Other BOND / Mutual Fund

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

PG & E GE

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Stock

FAIR MARKET VALUE

- ☒ \$1,000 - \$10,000
☐ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☒ Stock☐ Other _____

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

NAME OF BUSINESS ENTITY

Washington Mutual

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Liquid Asset / Statement Savings

FAIR MARKET VALUE

- ☐ \$1,000 - \$10,000
☒ \$10,001 - \$100,000
☐ Over \$100,000

NATURE OF INVESTMENT

☐ Stock☒ Other Savings

(Describe)

IF APPLICABLE, LIST DATE:

____/____/99
ACQUIRED____/____/99
DISPOSED

Comments: _____

Income & Business Positions

(Income Other than Loans, Gifts, and
Travel Payments)

Name

NAME OF SOURCE
2001 Memorial Hospital

ADDRESS
Fairmont St. 2001. CA.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

YOUR BUSINESS POSITION
Physical Therapist Assistant

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☒ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE
City of 1001

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Council Member

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☒ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's Income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____

Income – Loans

(Received or Outstanding)

Name

NAME OF LENDER Volvo Finance

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE 5.9% ☐ None

TERM (Months/Years) 48 months

HIGHEST BALANCE DURING REPORTING PERIOD

☒ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN

☐ None ☒ Automobile ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN

☐ None ☐ Automobile ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

NAME OF LENDER Bank of Stockton

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☒ Over \$10,000

SECURITY FOR LOAN

☐ None ☒ Automobile ☐ Personal residence

☐ Real Property _____

Street address _____

City _____

☐ Guarantor _____

☐ Other _____

(Describe)

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other _____

INTEREST RATE _____ TERM (Months/Years) _____

_____ % ☐ None

HIGHEST DURING REPORTING PERIOD

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

SECURITY FOR LOAN

☐ None ☐ Automobile ☐ Personal residence

☐ Real Property _____

☐ Guarantor _____

☐ Other _____

(Describe)

Comments: